



QPS Quality Dashboard

April 18, 2019



COOK COUNTY
HEALTH

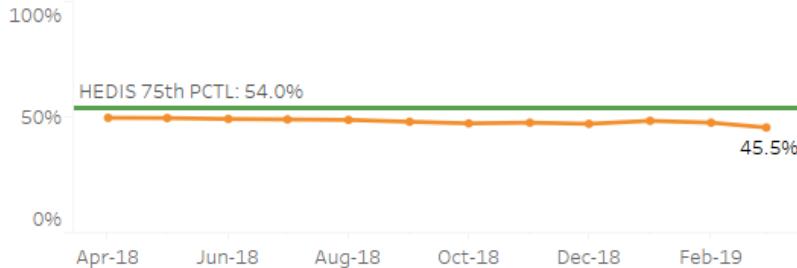


COOK COUNTY HEALTH

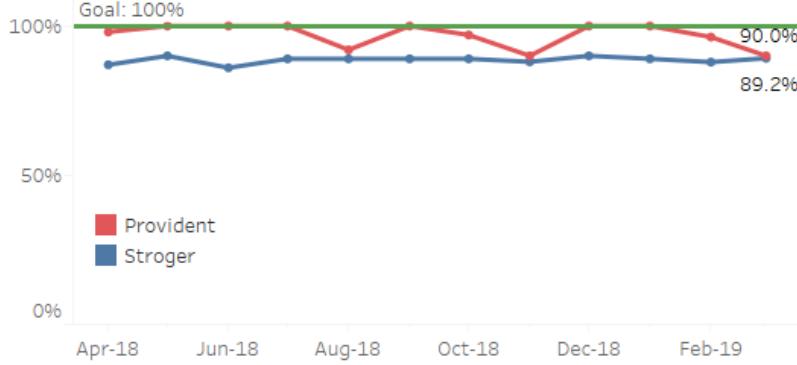
Quality Dashboard
April 18, 2019

Health Outcomes

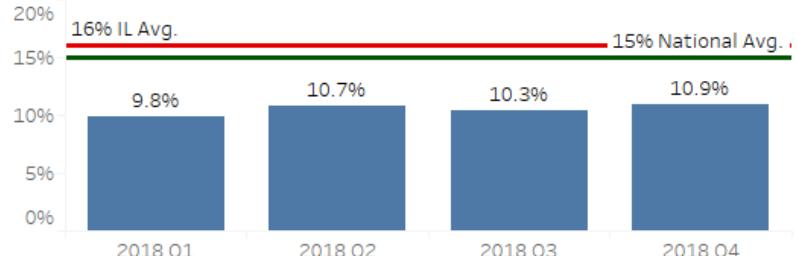
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

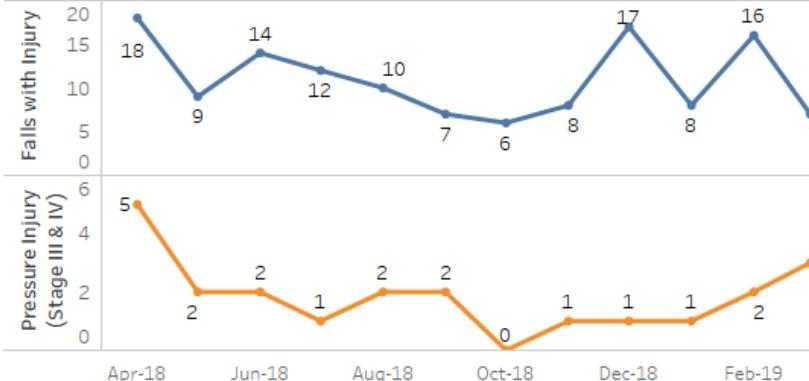


30 Day Readmission Rate

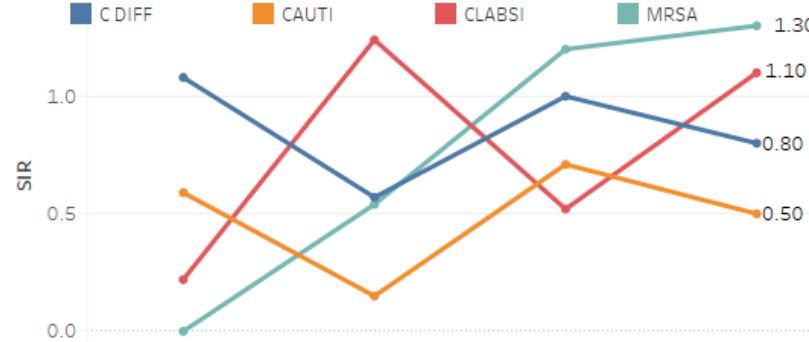


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

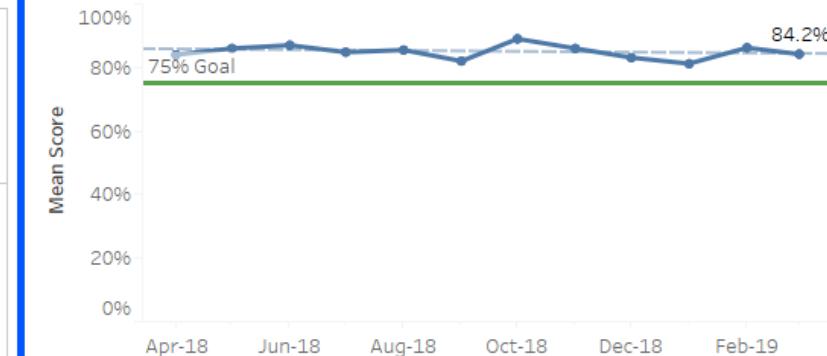


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

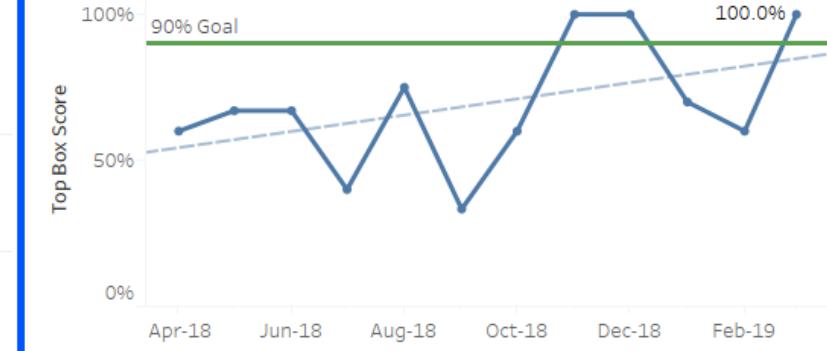
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CDIFF	6	11	4	5	4	2	10	4	4	6	2	6
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

Utilization

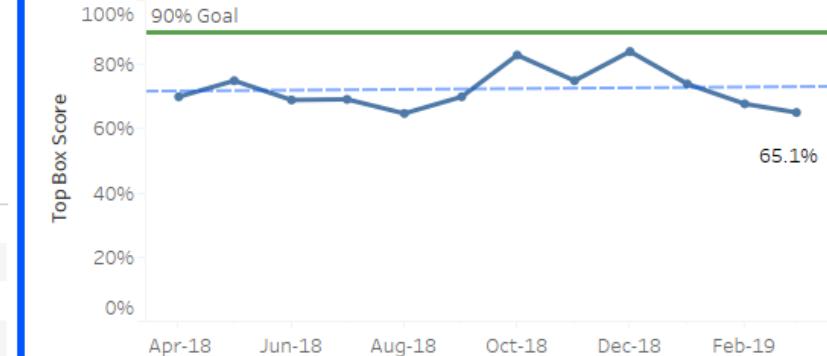
ACHN--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

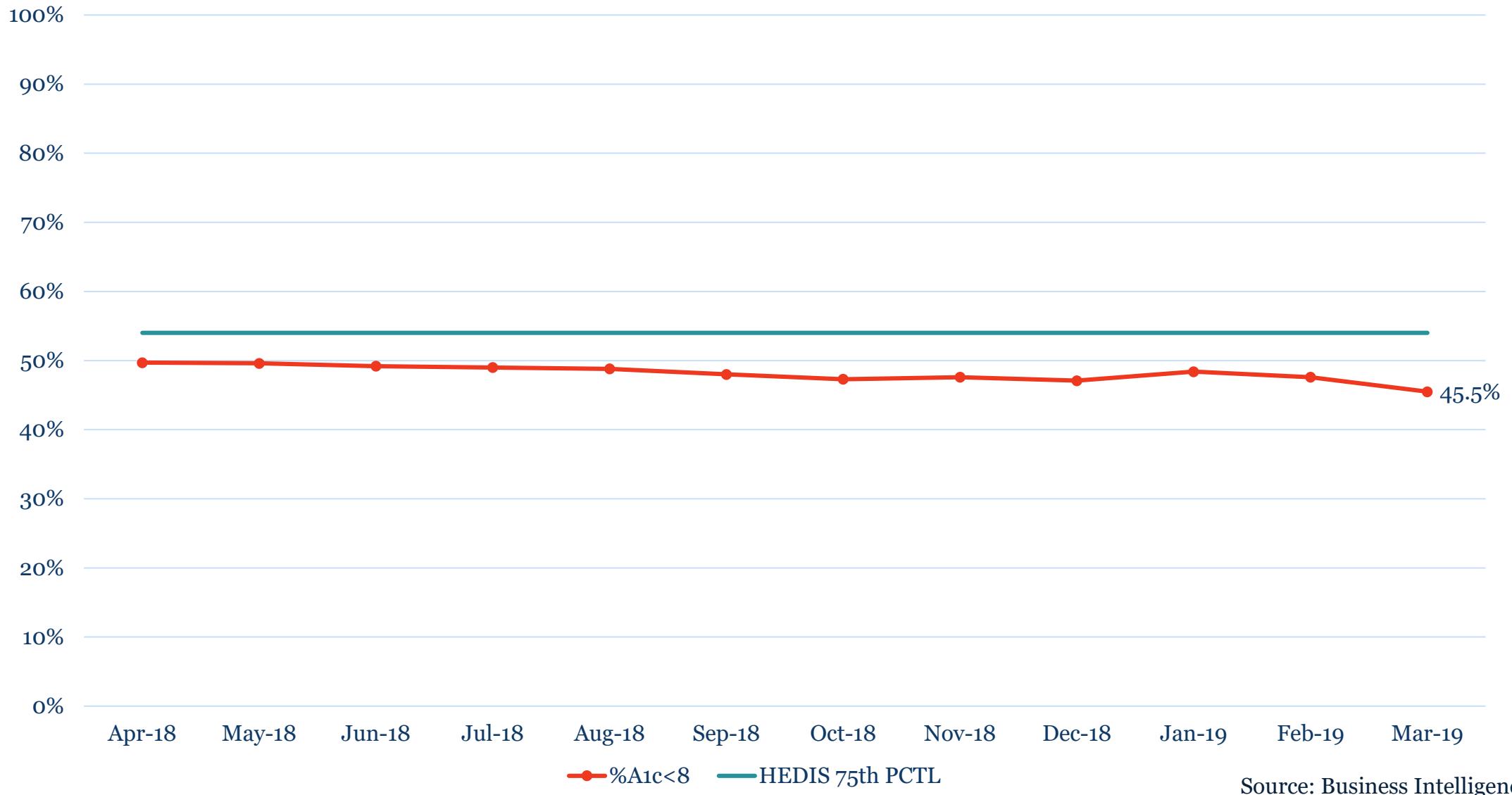


Stroger--Willingness to Recommend Hospital



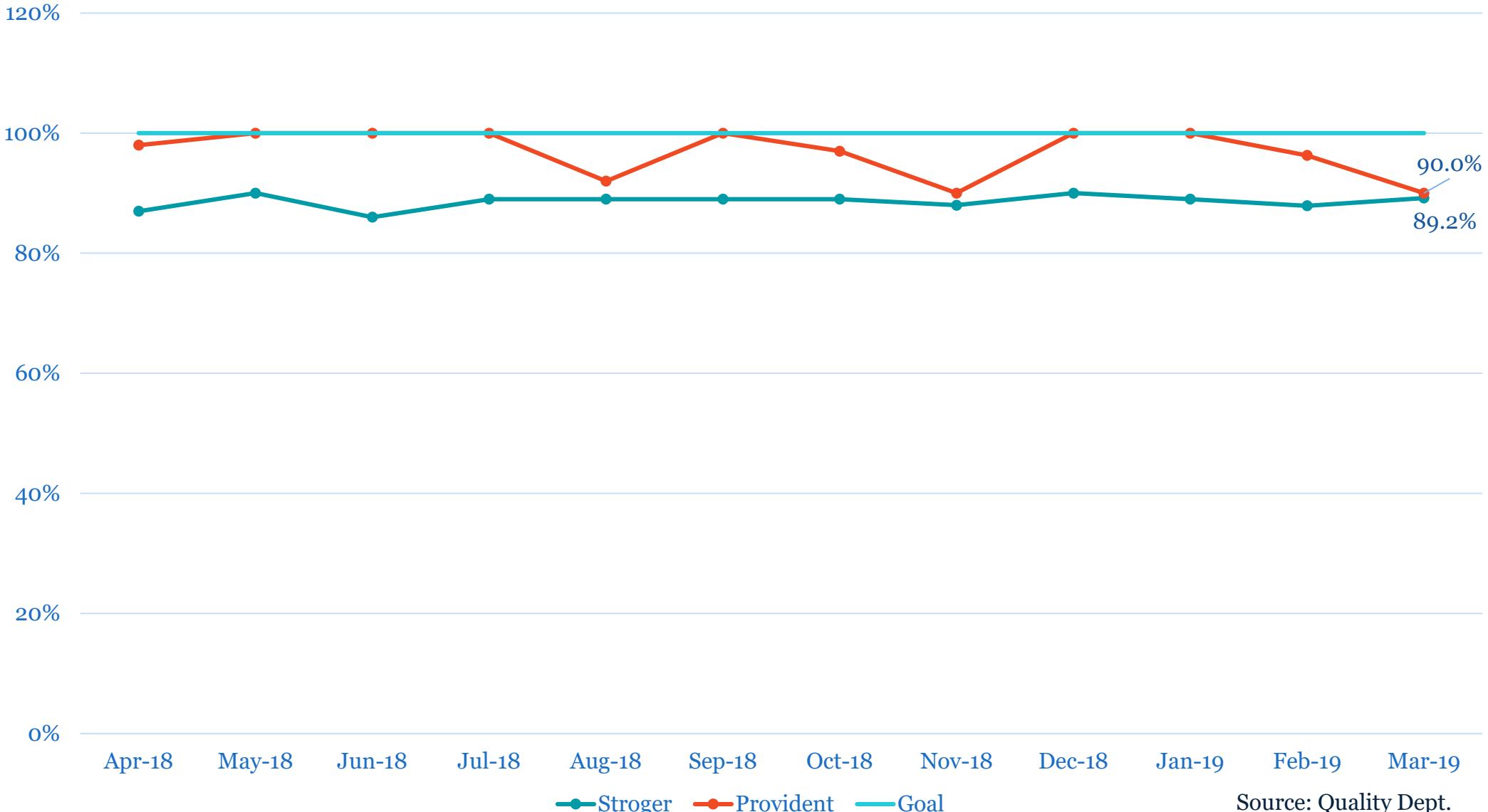
COOK COUNTY HEALTH

HEDIS – Diabetes Management: HbA1c < 8%

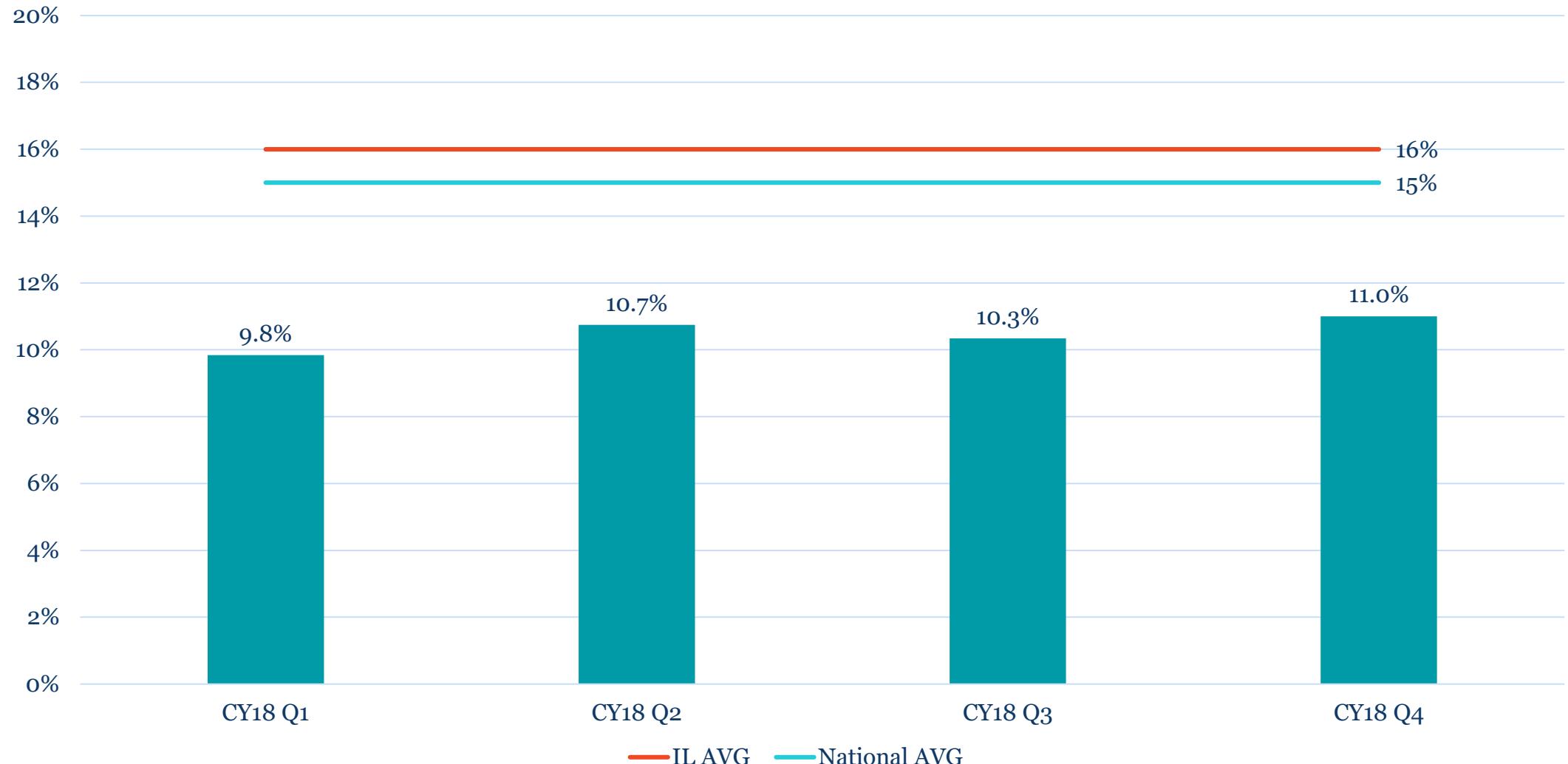


Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention

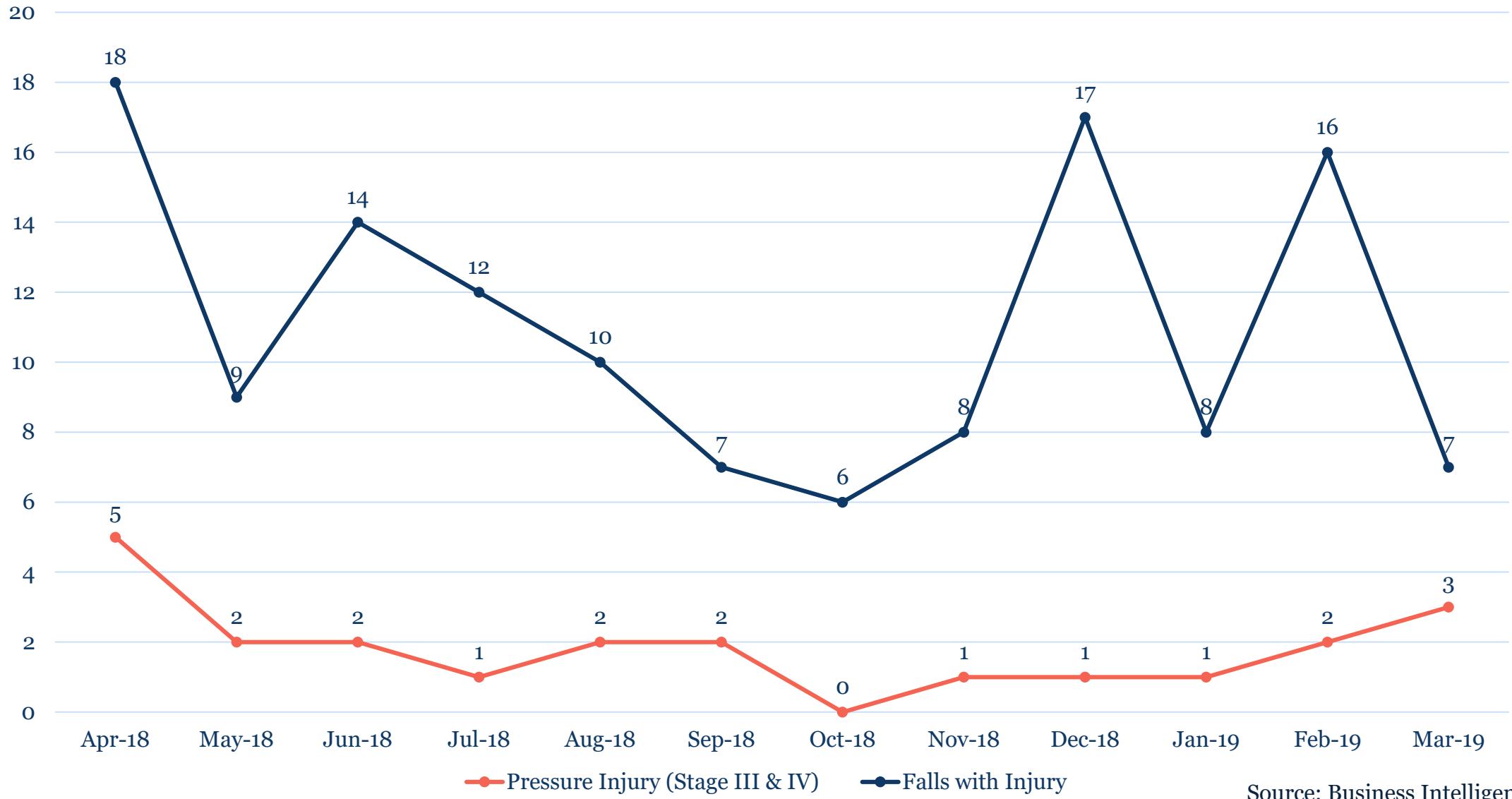


30 Day Readmission Rate

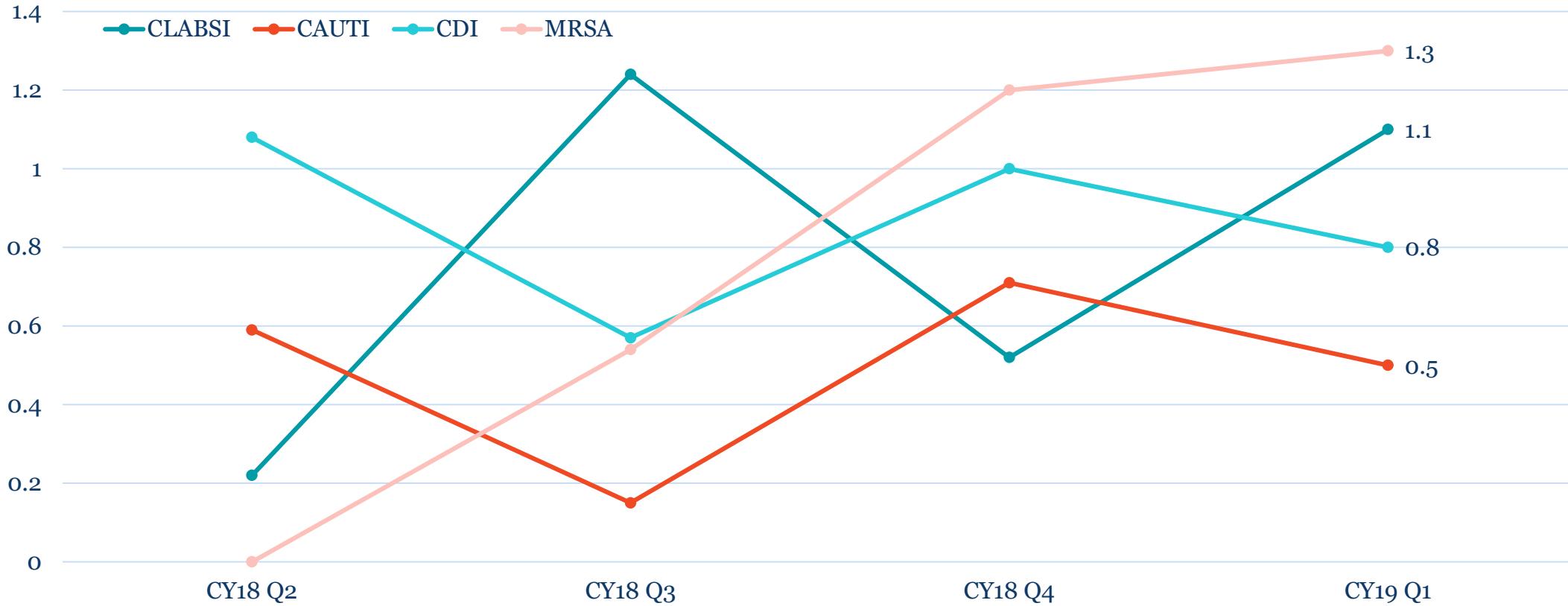


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections

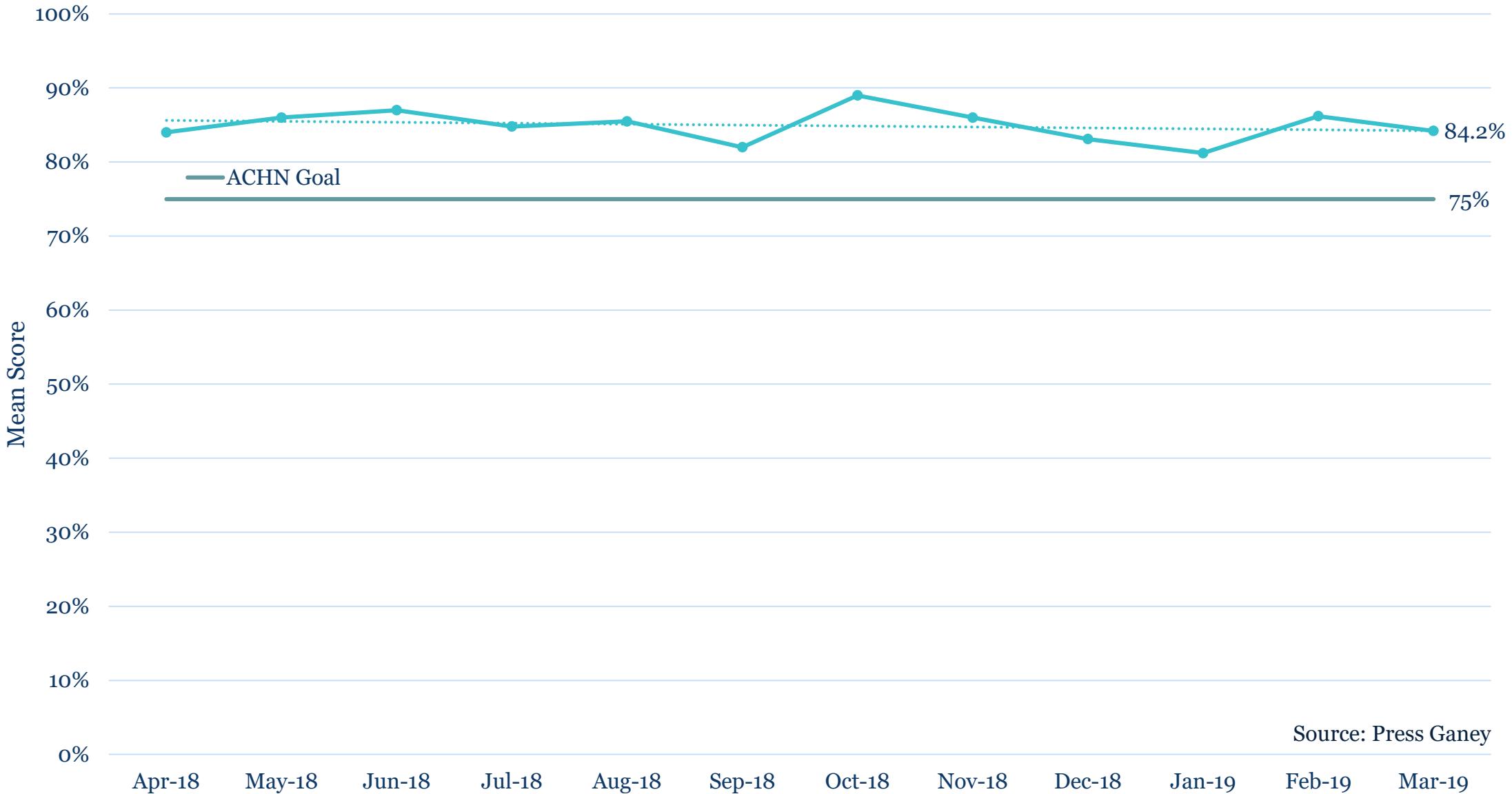


CY18 Q4
CY19 Q1
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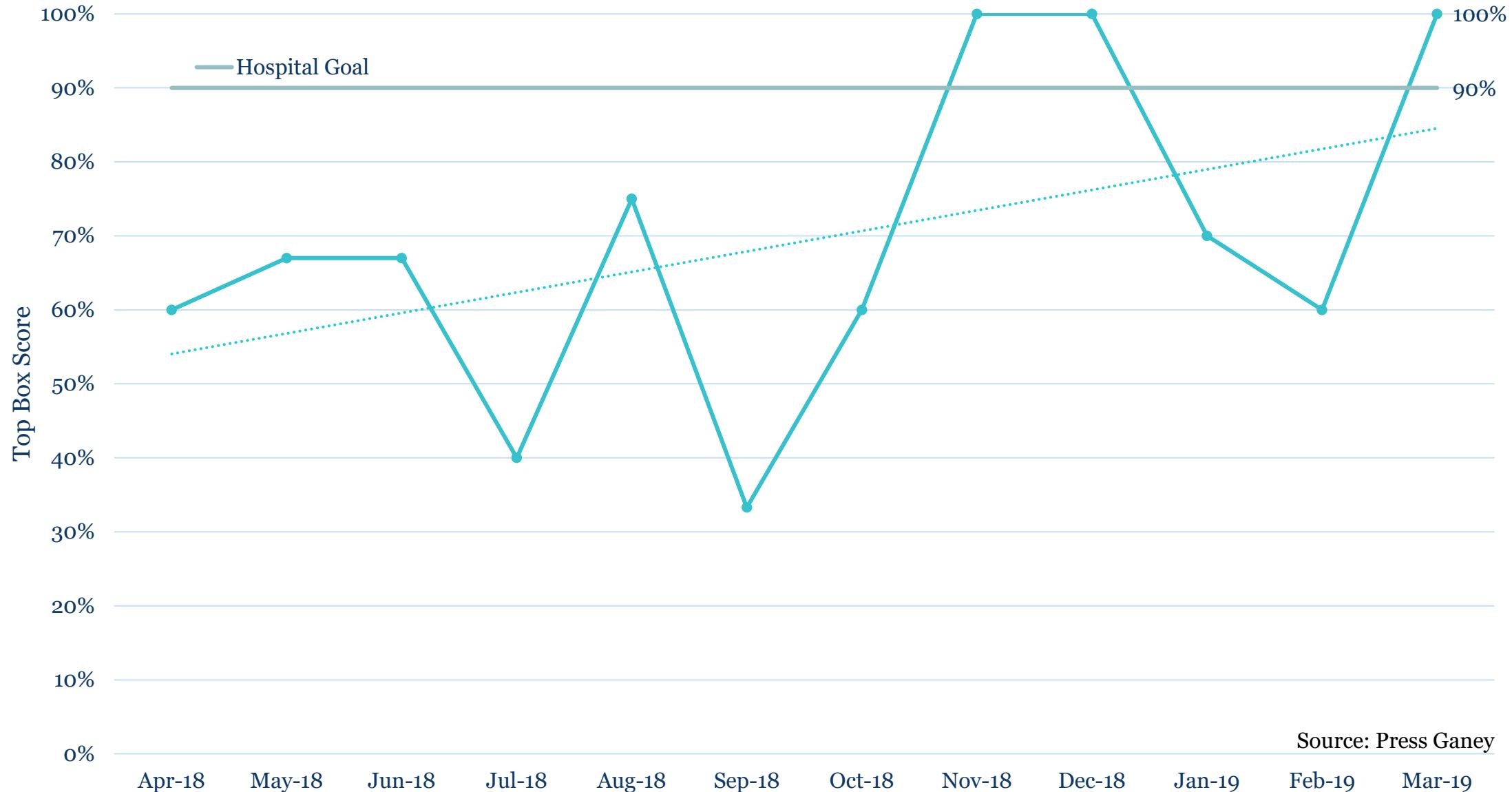
Source: Infection Control Dept.



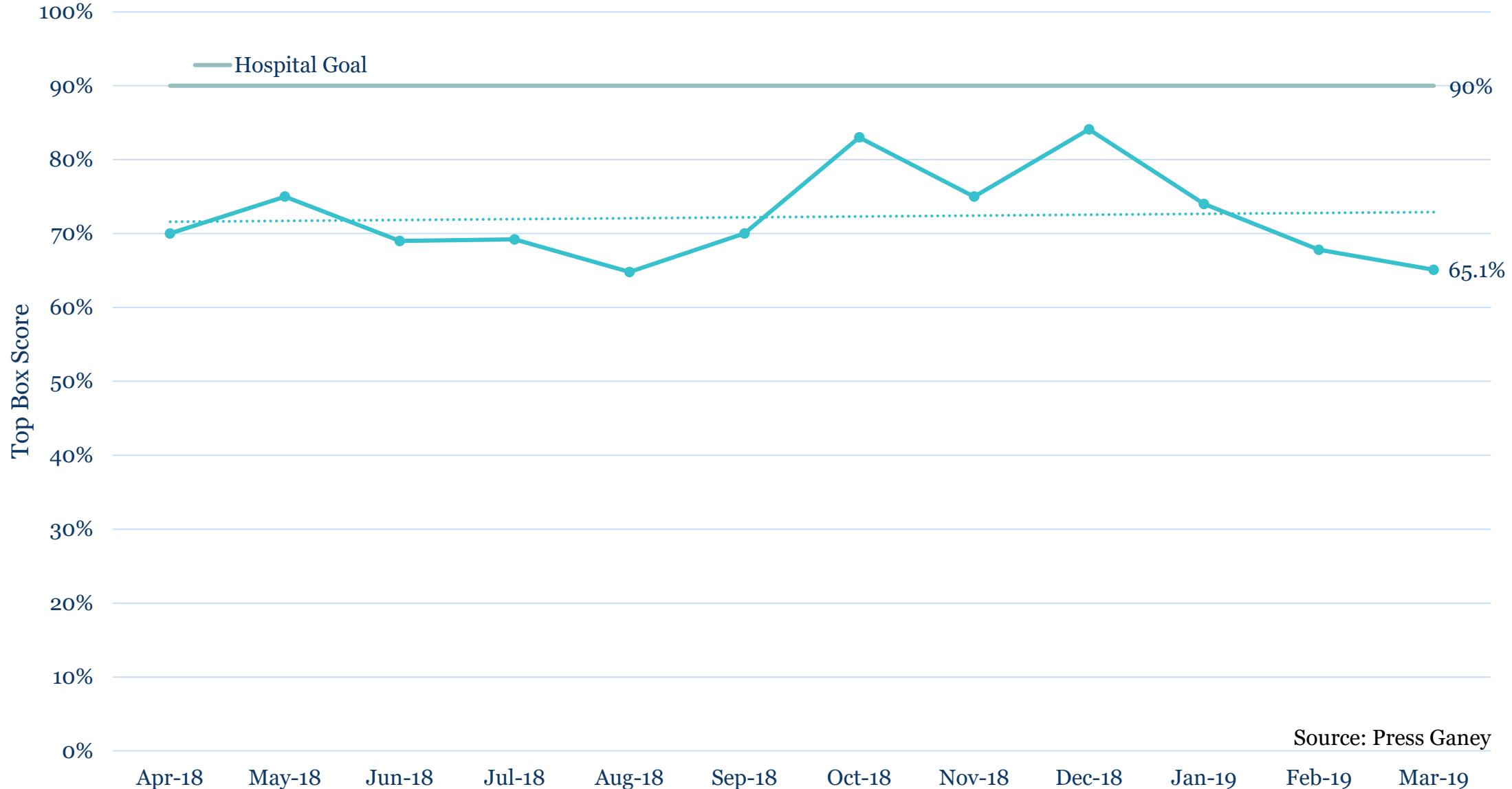
ACHN – Overall Clinic Assessment



Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Source: Press Ganey